



***Application Summary***  
**State Community Development Block Grant –**  
**General, Colonias, & Native American Allocations**

**1.a Application Information**

**\*Type of Application:**      ☐ General                      ☐ Colonias                      ☐ Native American

**Applicant**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**County:** \_\_\_\_\_ **Entity Type:** \_\_\_\_\_  
 (City or County)

**If this is a joint application, please check here ☐ AND provide a duplicate of this page for the joint applicant.**

**1.b Applicant Contact Information**

☐ Mr.      ☐ Mrs.      ☐ Ms.      ☐ Other: - \_\_\_\_\_

**First Name:** \_\_\_\_\_ **MI:** \_\_\_\_ **Last Name:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

☐ Check if the information in this area is the same as the Applicant

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Ext:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**1.c Authorized Representative Information (per the Resolution)**

☐ Mr.      ☐ Mrs.      ☐ Ms.      ☐ Other: - \_\_\_\_\_

**First Name:** \_\_\_\_\_ **MI:** \_\_\_\_ **Last Name:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Ext:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Part A – Application Summary Forms**

<b>2. Requested Funding by Activity - For Funding Year 2005/2006</b>				
<b>Activity</b>	<b>Amount Requested</b>	<b>Program Operator</b>	<b>Result of CDBG Planning/TA Grant?</b>	<b>Target Population (Enter Codes*)</b>
<b>General Administration</b>	\$	<input type="checkbox"/> City/County Staff <input type="checkbox"/> Other: _____		
<b>Housing - New Construction</b>				
Owner-Occupied	\$	<input type="checkbox"/> City/County Staff <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes. Grant #: _____ <input type="checkbox"/> No	
Renter-Occupied	\$			
Activity Delivery	\$			
<b>Activity TOTAL</b>	\$			
<b>Housing – Acquisition</b>				
Owner-Occupied	\$	<input type="checkbox"/> City/County Staff <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes. Grant #: _____ <input type="checkbox"/> No	
Renter-Occupied	\$			
Activity Delivery	\$			
<b>Activity TOTAL</b>	\$			
<b>Housing – Rehabilitation - Single Unit</b>				
Owner-Occupied	\$	<input type="checkbox"/> City/County Staff <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes. Grant #: _____ <input type="checkbox"/> No	
Renter-Occupied	\$			
Activity Delivery	\$			
<b>Activity TOTAL</b>	\$			
<b>Housing – Rehabilitation - Multi Unit</b>				
Owner-Occupied	\$	<input type="checkbox"/> City/County Staff <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes. Grant #: _____ <input type="checkbox"/> No	
Renter-Occupied	\$			
Activity Delivery	\$			
<b>Activity TOTAL</b>	\$			
<b>Community Facilities</b>				
Community Facilities	\$	<input type="checkbox"/> City/County Staff <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes. Grant #: _____ <input type="checkbox"/> No	
Activity Delivery	\$			
<b>Activity TOTAL</b>	\$			
<b>Public Services</b>				
Public Services	\$	<input type="checkbox"/> City/County Staff <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes. Grant #: _____ <input type="checkbox"/> No	
Activity Delivery	\$			
<b>Activity TOTAL</b>	\$			
<b>Public Works</b>				
Public Works	\$	<input type="checkbox"/> City/County Staff <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes. Grant #: _____ <input type="checkbox"/> No	
Activity Delivery	\$			
<b>Activity TOTAL</b>	\$			
<b>Planning Activities (Only for Colonia applicants)</b>				
Planning	\$			
<b>Activity TOTAL</b>	\$			
<b>10% Set-Aside (Not applicable for Colonia applicants)</b>				
10% Set-Aside	\$			
Activity Delivery	\$			
<b>Activity TOTAL</b>	\$			
<b>TOTAL Funding Requested</b>	\$			

\*Insert code number(s) from 2.A. – Page 33

**Part A – Application Summary Forms**

<b>2. Requested Funding by Activity - For Funding Year 2006/2007</b>				
<b>Activity</b>	<b>Amount Requested</b>	<b>Program Operator</b>	<b>Result of CDBG Planning/TA Grant?</b>	<b>Target Population (Enter Codes*)</b>
<b>General Administration</b>	\$	<input type="checkbox"/> City/County Staff <input type="checkbox"/> Other: _____		
<b>Housing - New Construction</b>				
Owner-Occupied	\$	<input type="checkbox"/> City/County Staff <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes. Grant #: _____ <input type="checkbox"/> No	
Renter-Occupied	\$			
Activity Delivery	\$			
<b>Activity TOTAL</b>	\$			
<b>Housing – Acquisition</b>				
Owner-Occupied	\$	<input type="checkbox"/> City/County Staff <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes. Grant #: _____ <input type="checkbox"/> No	
Renter-Occupied	\$			
Activity Delivery	\$			
<b>Activity TOTAL</b>	\$			
<b>Housing – Rehabilitation - Single Unit</b>				
Owner-Occupied	\$	<input type="checkbox"/> City/County Staff <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes. Grant #: _____ <input type="checkbox"/> No	
Renter-Occupied	\$			
Activity Delivery	\$			
<b>Activity TOTAL</b>	\$			
<b>Housing – Rehabilitation - Multi Unit</b>				
Owner-Occupied	\$	<input type="checkbox"/> City/County Staff <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes. Grant #: _____ <input type="checkbox"/> No	
Renter-Occupied	\$			
Activity Delivery	\$			
<b>Activity TOTAL</b>	\$			
<b>Community Facilities</b>				
Community Facilities	\$	<input type="checkbox"/> City/County Staff <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes. Grant #: _____ <input type="checkbox"/> No	
Activity Delivery	\$			
<b>Activity TOTAL</b>	\$			
<b>Public Services</b>				
Public Services	\$	<input type="checkbox"/> City/County Staff <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes. Grant #: _____ <input type="checkbox"/> No	
Activity Delivery	\$			
<b>Activity TOTAL</b>	\$			
<b>Public Works</b>				
Public Works	\$	<input type="checkbox"/> City/County Staff <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes. Grant #: _____ <input type="checkbox"/> No	
Activity Delivery	\$			
<b>Activity TOTAL</b>	\$			
<b>Planning Activities (Only for Colonia applicants)</b>				
Planning	\$			
<b>Activity TOTAL</b>	\$			
<b>10% Set-Aside (Not applicable for Colonia applicants)</b>				
10% Set-Aside	\$			
Activity Delivery	\$			
<b>Activity TOTAL</b>	\$			
<b>TOTAL Funding Requested</b>	\$			

\*Insert code number(s) from 2.A. – Page 33

**Part A – Application Summary Forms**

<b>2. Requested Funding by Activity - For Funding Year 2007/2008</b>				
Activity	Amount Requested	Program Operator	Result of CDBG Planning/TA Grant?	Target Population (Enter Codes*)
<b>General Administration</b>	\$	<input type="checkbox"/> City/County Staff <input type="checkbox"/> Other: _____		
<b>Housing - New Construction</b>				
Owner-Occupied	\$	<input type="checkbox"/> City/County Staff <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes. Grant #: <input type="checkbox"/> No	
Renter-Occupied	\$			
Activity Delivery	\$			
<b>Activity TOTAL</b>	\$			
<b>Housing – Acquisition</b>				
Owner-Occupied	\$	<input type="checkbox"/> City/County Staff <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes. Grant #: <input type="checkbox"/> No	
Renter-Occupied	\$			
Activity Delivery	\$			
<b>Activity TOTAL</b>	\$			
<b>Housing – Rehabilitation - Single Unit</b>				
Owner-Occupied	\$	<input type="checkbox"/> City/County Staff <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes. Grant #: <input type="checkbox"/> No	
Renter-Occupied	\$			
Activity Delivery	\$			
<b>Activity TOTAL</b>	\$			
<b>Housing – Rehabilitation - Multi Unit</b>				
Owner-Occupied	\$	<input type="checkbox"/> City/County Staff <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes. Grant #: <input type="checkbox"/> No	
Renter-Occupied	\$			
Activity Delivery	\$			
<b>Activity TOTAL</b>	\$			
<b>Community Facilities</b>				
Community Facilities	\$	<input type="checkbox"/> City/County Staff <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes. Grant #: <input type="checkbox"/> No	
Activity Delivery	\$			
<b>Activity TOTAL</b>	\$			
<b>Public Services</b>				
Public Services	\$	<input type="checkbox"/> City/County Staff <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes. Grant #: <input type="checkbox"/> No	
Activity Delivery	\$			
<b>Activity TOTAL</b>	\$			
<b>Public Works</b>				
Public Works	\$	<input type="checkbox"/> City/County Staff <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes. Grant #: <input type="checkbox"/> No	
Activity Delivery	\$			
<b>Activity TOTAL</b>	\$			
<b>Planning Activities (Only for Colonia applicants)</b>				
Planning	\$			
<b>Activity TOTAL</b>	\$			
<b>10% Set-Aside (Not applicable for Colonia applicants)</b>				
10% Set-Aside	\$			
Activity Delivery	\$			
<b>Activity TOTAL</b>	\$			
<b>TOTAL Funding Requested</b>	\$			

\*Insert code number(s) from 2.A. – Page 33

## Part A – Application Summary Forms

### 2. A . Target Populations – (for use with prior funding pages)

- |   |   |
|---|---|
| 1. Physically Disabled<br>2. Persons with AIDS<br>3. Youths<br>4. Single Adults<br>5. Single Men<br>6. Single Women<br>7. Families<br>8. Farm workers | 9. Seniors<br>10. Mentally Ill<br>11. Veterans<br>12. Victims of Domestic Violence<br>13. Substance Abusers<br>14. Dually-Diagnosed<br>15. Homeless<br>16. Other: _____ |
|---|---|

### 3. Location of Activities – U.S. Census Data

Name of CDBG Activity	Jurisdiction-wide or Target Area?	Census Tract Numbers and Block Group Numbers (for target area activities only)
1. <b>Housing New Construction</b>	<input type="checkbox"/> Jurisdiction-wide <input type="checkbox"/> Target Area	
2. <b>Housing Acquisition</b>	<input type="checkbox"/> Jurisdiction-wide <input type="checkbox"/> Target Area	
3. <b>Housing Rehabilitation – Single Unit</b>	<input type="checkbox"/> Jurisdiction-wide <input type="checkbox"/> Target Area	
4. <b>Housing Rehabilitation – Multi Unit</b>	<input type="checkbox"/> Jurisdiction-wide <input type="checkbox"/> Target Area	
5. <b>Community Facilities</b>	<input type="checkbox"/> Jurisdiction-wide <input type="checkbox"/> Target Area	
6. <b>Public Services</b>	<input type="checkbox"/> Jurisdiction-wide <input type="checkbox"/> Target Area	
7. <b>Public Works</b>	<input type="checkbox"/> Jurisdiction-wide <input type="checkbox"/> Target Area	
8. <b>Planning Activities</b> ( <u>Only for Colonia Applicants</u> )	<input type="checkbox"/> Jurisdiction-wide <input type="checkbox"/> Target Area	
9. <b>10 percent Set-Aside</b> ( <u>Not applicable to Colonia applicants</u> )	<input type="checkbox"/> Jurisdiction-wide <input type="checkbox"/> Target Area	

#### 4. Native American Application Information

**Native American Applicants ONLY:**

1. Name of the Non-Federally recognized tribe: \_\_\_\_\_  
\_\_\_\_\_
2. What is the name of the terminated Rancheria or non-designated tribe? *(See Appendix B of the 2005 Notice of Funding Availability (NOFA):* \_\_\_\_\_  
\_\_\_\_\_
3. What is the percentage of Native American population within the target area? \_\_\_\_\_ %  
(Must be at least 51% Native Americans and must provide documentation.)
4. *Native American applicants must also document Targeted Income Group (TIG) benefit in accordance with the activities for which they are applying..*

**Important: Provide the following detailed information following this page:**

1. **Maps**
  - Map of jurisdiction showing Census boundaries and exact Census area of tribe location.
  - Location map with the area's property parcel information for where non-designated tribe members reside. This map should show properties surveyed.
2. **Minimum of 51% Native American population**
  - Household survey documentation showing that at least fifty one percent (51%) of the households in the targeted area are non-recognized Native Americans. The survey methodology for this survey should be the same as used for CDBG household income surveys.

## Part A – Application Summary Forms

<b>5. Proposed Activity(ies) and Beneficiaries by Income Group</b>								
	A. 81% & Above (Non-TIG)		B. Between 51% - 80% (TIG)		C. Below 50% (LTIG) (There must <b>not</b> be a zero in this section.)		D. TOTALS	
	# of Beneficiaries		# of Beneficiaries		# of Beneficiaries		Total Number of:	
Activity ↓	Households/ Projects	Persons	Households/ Projects	Persons	Households/ Projects	Persons	Households/ Projects	Persons
Housing – New Construction (Owner-Occupied)								
Housing – New Construction (Renter-Occupied)								
Housing – Acquisition (Owner-Occupied)								
Housing – Acquisition (Renter-Occupied)								
Housing – Single-Unit Rehabilitation (Owner-Occupied)								
Housing – Single-Unit Rehabilitation (Renter-Occupied)								
Housing – Multi-Unit Rehabilitation (Owner-Occupied)								
Housing – Multi-Unit Rehabilitation (Renter-Occupied)								
Community Facilities								
Public Services								
Public Works								
Planning (for Colonias Only)								
10% Set-Aside (not for Colonias)								

## 6. Legislative Representative Information

	District #	First Name	Last Name
Assembly			
Senate			
Congress			

	District #	First Name	Last Name
Assembly			
Senate			
Congress			

	District #	First Name	Last Name
Assembly			
Senate			
Congress			

